

PAYMENT APPLICATION/FEE DETERMINATION

108/900,360

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

CLAIMS AS AMENDED

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	TOTAL
	Total	Minus		
	Independent	Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	TOTAL
	Total	Minus		
	Independent	Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

NAME	
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NAME	
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ZIP	
DATE	

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	

800-48
P.C.

BEST AVAILABLE COPY

1. This form is to be completed by the insured or the insured's agent.
2. The "Total" column is the sum of the "Total" and "Independent" columns.
3. The "Highest Number Previously Paid For" column is the highest number previously paid for.
4. The "Total" column is the sum of the "Total" and "Independent" columns.
5. The "Highest Number Previously Paid For" column is the highest number previously paid for.